

Name  
in  
Full

Kitti Ayers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

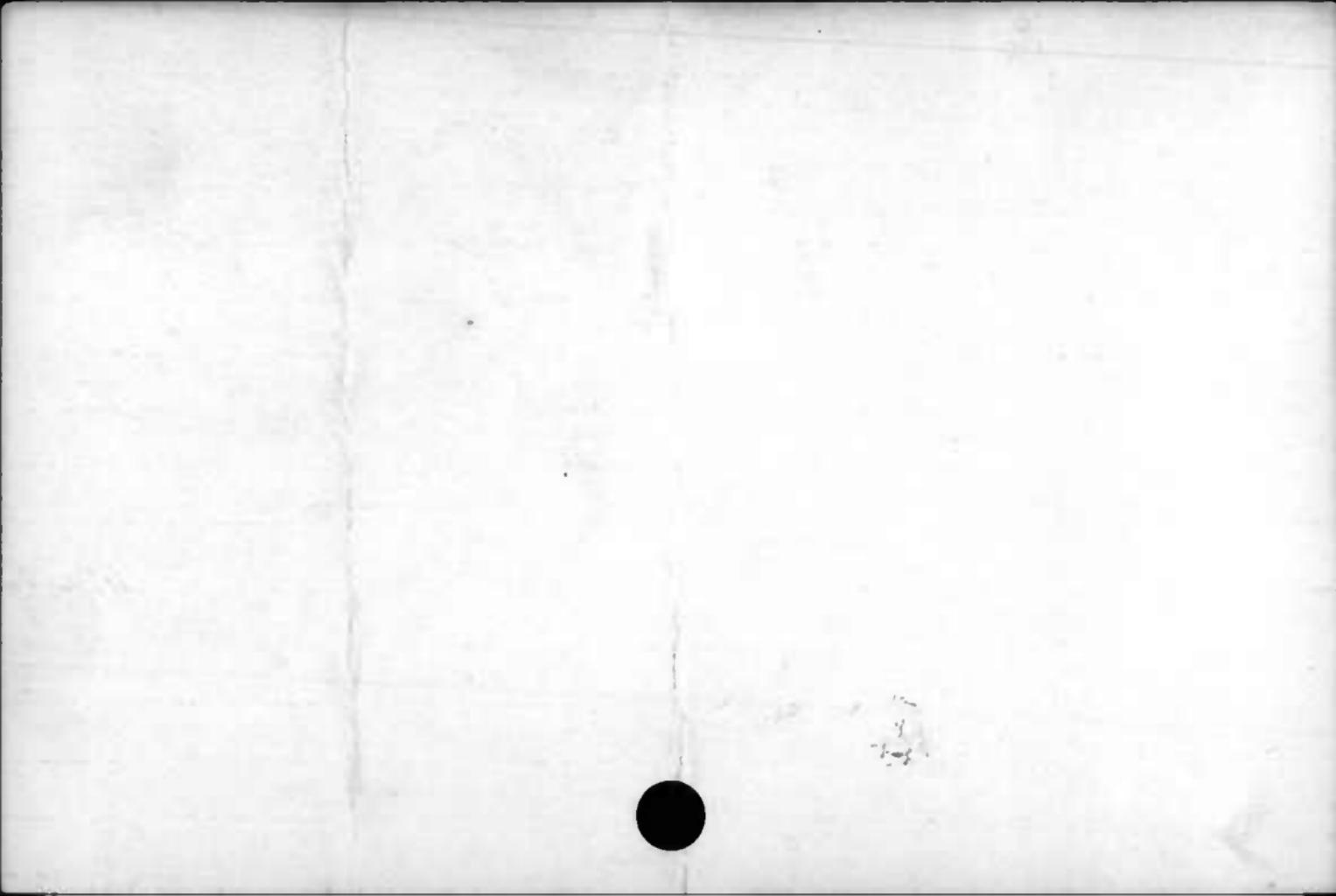
Died at		Town <u>Woodmoore</u>	County <u>Pine George</u>		MARYLAND	
Date of death 1903	Month <u>Mar</u>	Day <u>7</u>	Years <u>Age 60-70</u>	Months —	Days —	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Occupation <u>House servant.</u>		Birth- place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>						
Name of Wife or Husband <u>James Ayers</u>						
Father's Name <u>John Fletcher</u>			Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Maria Sanders</u>			Mother's Birthplace "			
Name of person giving Information <u>James Ayers</u>			How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cardiac degeneration</u>	How long <u>Unknown</u>
Immediate	<u>Dropsey</u>	How long <u>One month</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Abbott R. Walker</u>
		Address <u>Mitchellville Md.</u>
Accident or Suicide? —		





Name  
in  
Full

Susan Anna Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town Bladensburg	County Prince Geo.	MARYLAND		
Date of death 1903	Month March	Day 28	Age 23	Months —	Days —
Sex Female	Color or Race Colored	Birth- place Md.			
Married Single or Widowed Single	Occupation Cook				
Name of Wife or Husband					
Father's Name Stephen Bailey	Father's Birthplace				
Mother's Maiden Name Anna Paris	Mother's Birthplace				
Name of person giving Information Anne G. Bailey	How related to deceased Sister, in law				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulerculosis 27

How long

Some years

Immediate

Maladious

How long

Several months

Are the name, age, sex, color, date  
and place correctly given above?

yes.

Signature of  
Physician

Address

V. L. Parry

Hyattsville MD

Accident or Suicide?

Dr-Perry

Bladensburg

Name  
in  
Full

Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death 1909	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Age	Birth- place	Bronx Hill		
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	George M. Bock			Father's Birthplace	D.C.		
Mother's Maiden Name	Clara Stevens			Mother's Birthplace	D.C.		
Name of person giving Information	" "			How related to deceased	Mother		
CAUSES OF DEATH							
Primary	Difficult-hatching			How long	13 hrs		
Immediate	Strangulation			How long			

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

E. L. Campbell  
Post Office, 11th

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<i>Yava P. LaBarrie</i>					CERTIFICATE OF DEATH		
Died at <i>Taxedo</i>		Town <i>Taxedo</i>		County <i>Prairie Geo</i>		MARYLAND	
Date of death 190	Month <i>03</i>	Day <i>17</i>	Age <i>Years</i>	Months		Days	
Sex <i>Girl</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Taxedo MD</i>				
Married, Single or Widowed <i>Single</i>	Occupation <i>None</i>						
Name of Wife or Husband <i>✓</i>							
Father's Name <i>B. G. LaBarrie</i>				Father's Birthplace <i>American</i>			
Mother's Maiden Name <i>Carrie Wilberg</i>				Mother's Birthplace <i>Pen</i>			
Name of person giving information <i>Father</i>	97			How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Acute Capillary Bronchitis*

How long

*2 weeks*

Immediate

*Cardiac Weakness*

How long

*day*

Are the name, age, sex, color, date and place correctly given above?

*YLS*

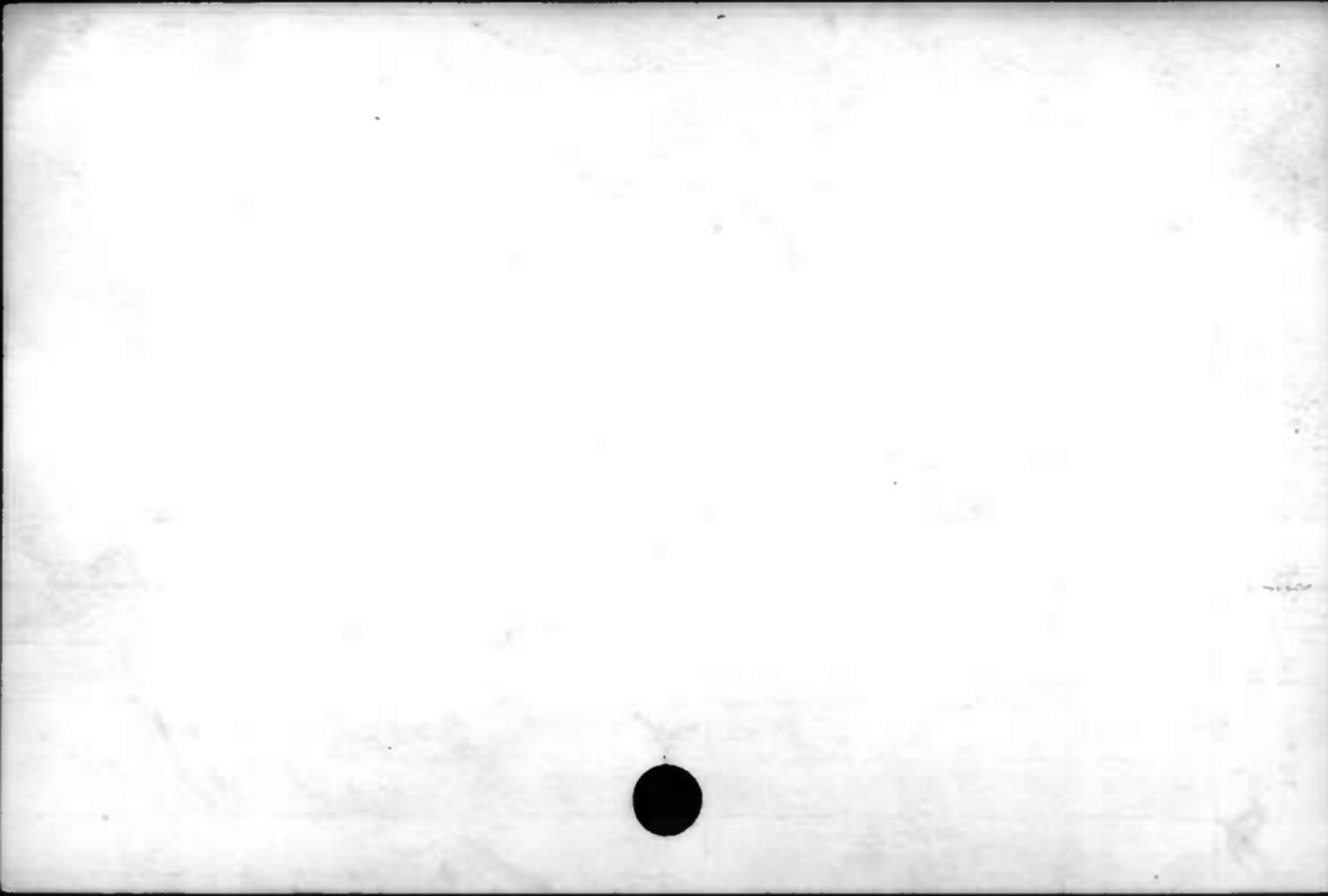
Signature of Physician

*V L Perry*

Address

*Hyattsville, P. G. Co.*

Accident or Suicide?



Name  
in  
Full

Martha Clubb.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Forestville</u>		Town <u>Forestville</u>	County <u>Prince</u>	State <u>Maryland</u>	
Date of death <u>1903</u>	Month <u>March</u>	Day <u>16</u>	Age <u>76</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Md.</u>			
Married, Single or Widowed <u>Widow</u>	Occupation <u> </u>				
Name of Wife or Husband <u>George Clubb</u>					
Father's Name <u>Cornelius Daugler</u>	Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Martha Daugler</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Henrietta Peall</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary

General Debility

How long  

Immediate

and old age

How long  

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

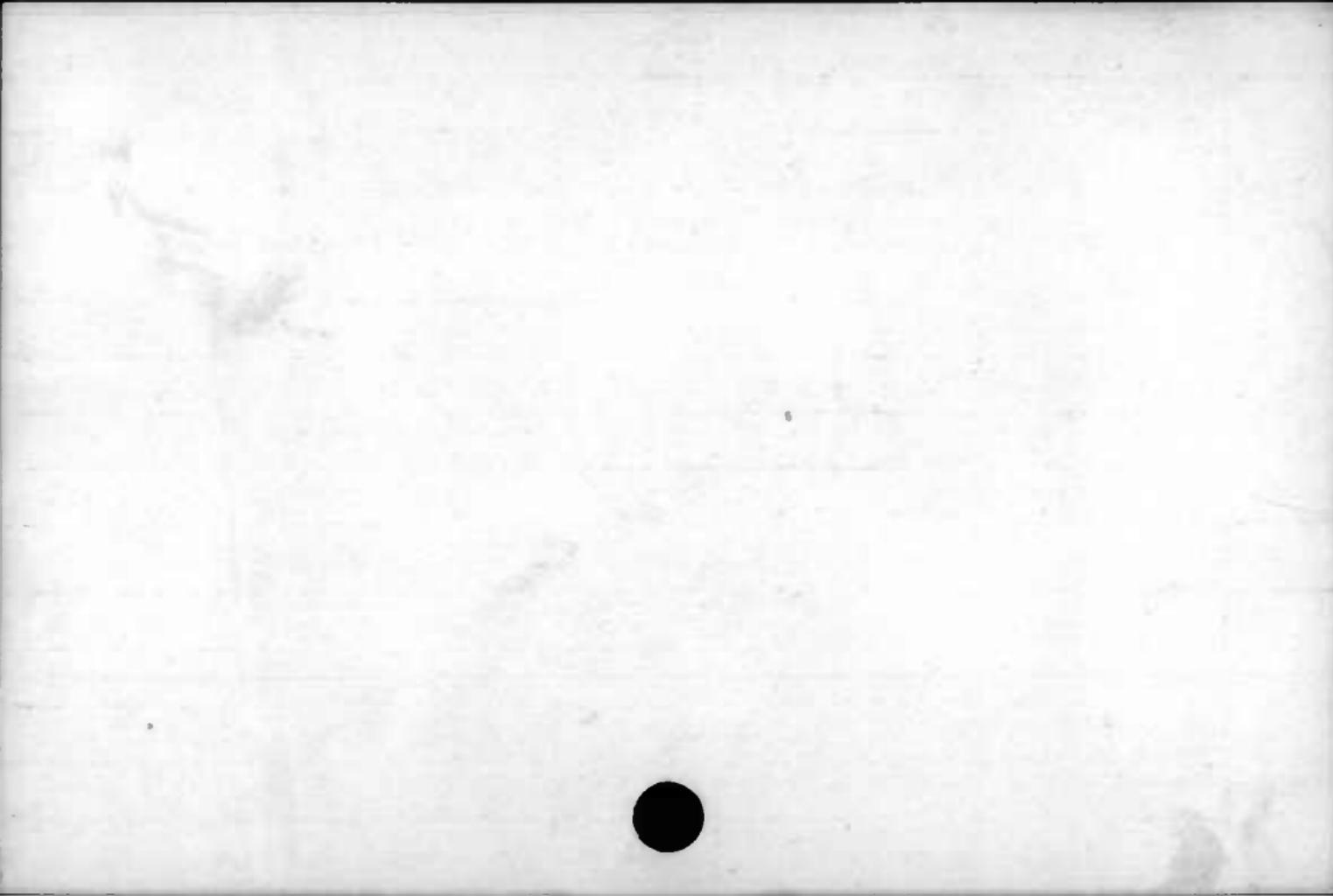
John E. Daubler  
Forestville

PHYSICIAN  
OR CORONER



Accident or Suicide?

neither



Name  
in  
Full

Charles Boussey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Marlboro</u>		Town	County	MARYLAND		
Date of death 1903	Month 3	Day 14	Age 5	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Occupation	<u>P. G. 60</u>			
<u>Married, Single or Widowed</u>						
Name of Wife or Husband						
Father's Name	<u>Lewis Boussey</u>			Father's Birthplace	<u>P. G. 60</u>	
Mother's Maiden Name	<u>Eiza Stewart</u>			Mother's Birthplace	<u>P. G. 60</u>	
Name of person giving information	<u>Lewis Boussey</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

measles

6

How long

Immediate

Don't know

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

Lewis Boussey

Father

Hope Marlboro, Md.

Accident or Suicide?



Name  
In  
Full

William F. Crump

CERTIFICATE OF DEATH

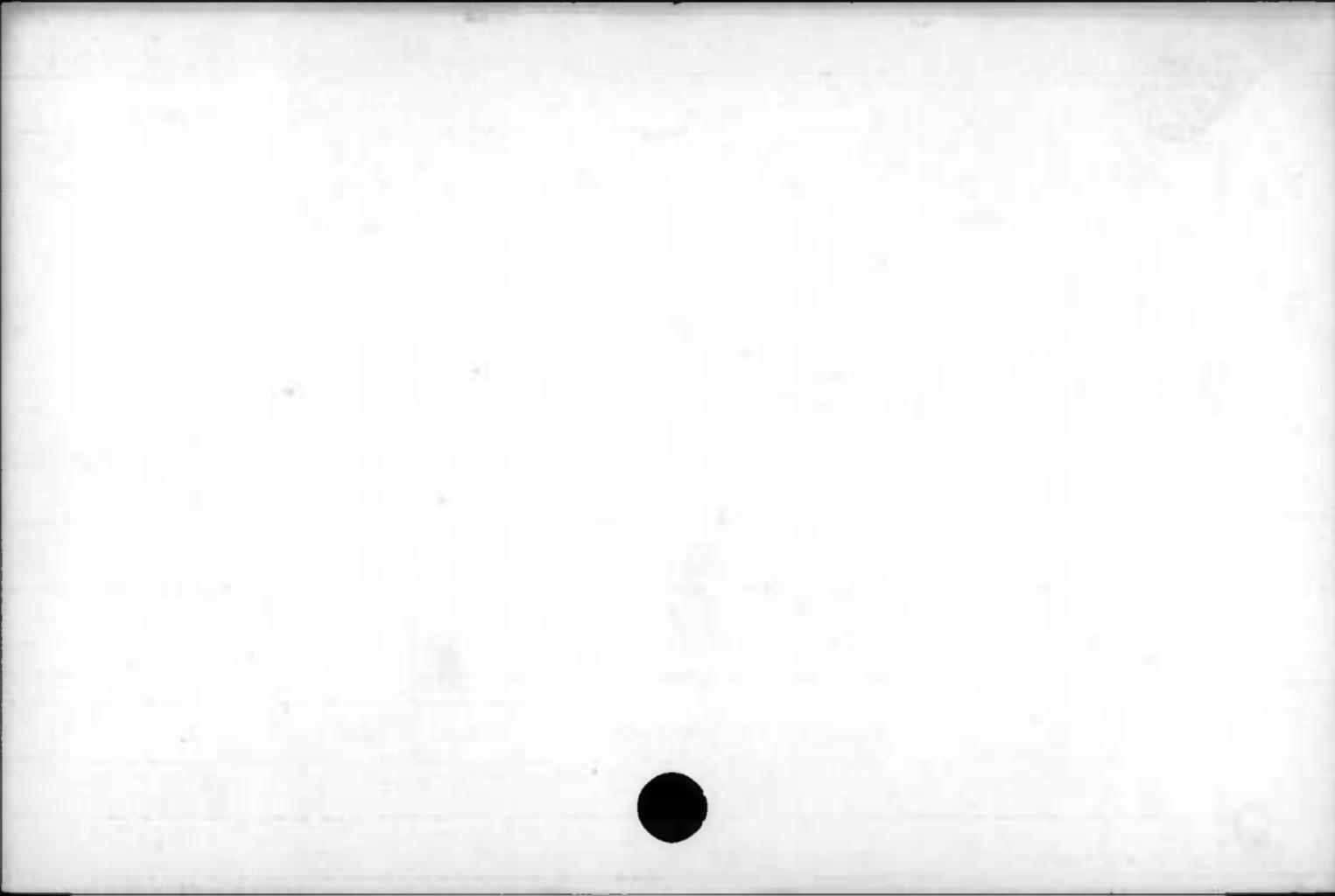
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>March</u>	Day <u>20</u>	Age <u>2</u>	Years <u>2</u>	Months <u>3</u>	Days <u>7</u>
Sex <u>male</u>	Color or Race <u>negro</u>	Occupation		Birth-place <u>Baltimore</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	<u>Wm. Crump</u>			Father's Birthplace	<u>Baltimore</u>	
Mother's Maiden Name	<u>Jayne Franklin</u>			Mother's Birthplace	<u>Baltimore</u>	
Name of person giving Information	<u>Regis Lancaster</u>			How related to deceased	<u>Not at all</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Parenchymatous nephritis</u>	<u>20</u>	How long	<u>1 yr.</u>
Immediate	<u>Bunia.</u>		How long	<u>3 mo.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W. B. Bailey</u>	
		Address	<u>Laurel. Md.</u>	
Accident or Suicide?				



Name  
in  
Full

Harry Woodward Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND		
Date of death 190	3	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	New Market, Md.		
Married, Single or Widowed	married	Occupation	Physician				
Name of Wife or Husband	Helen J. Dorsey						
Father's Name	Harry Woodward Dorsey						
Mother's Maiden Name	Sarah Waters						
Name of person giving Information	H.W. Dorsey, Jr.						

CAUSES OF DEATH

Primary

Interstitial nephritis

How long

15 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

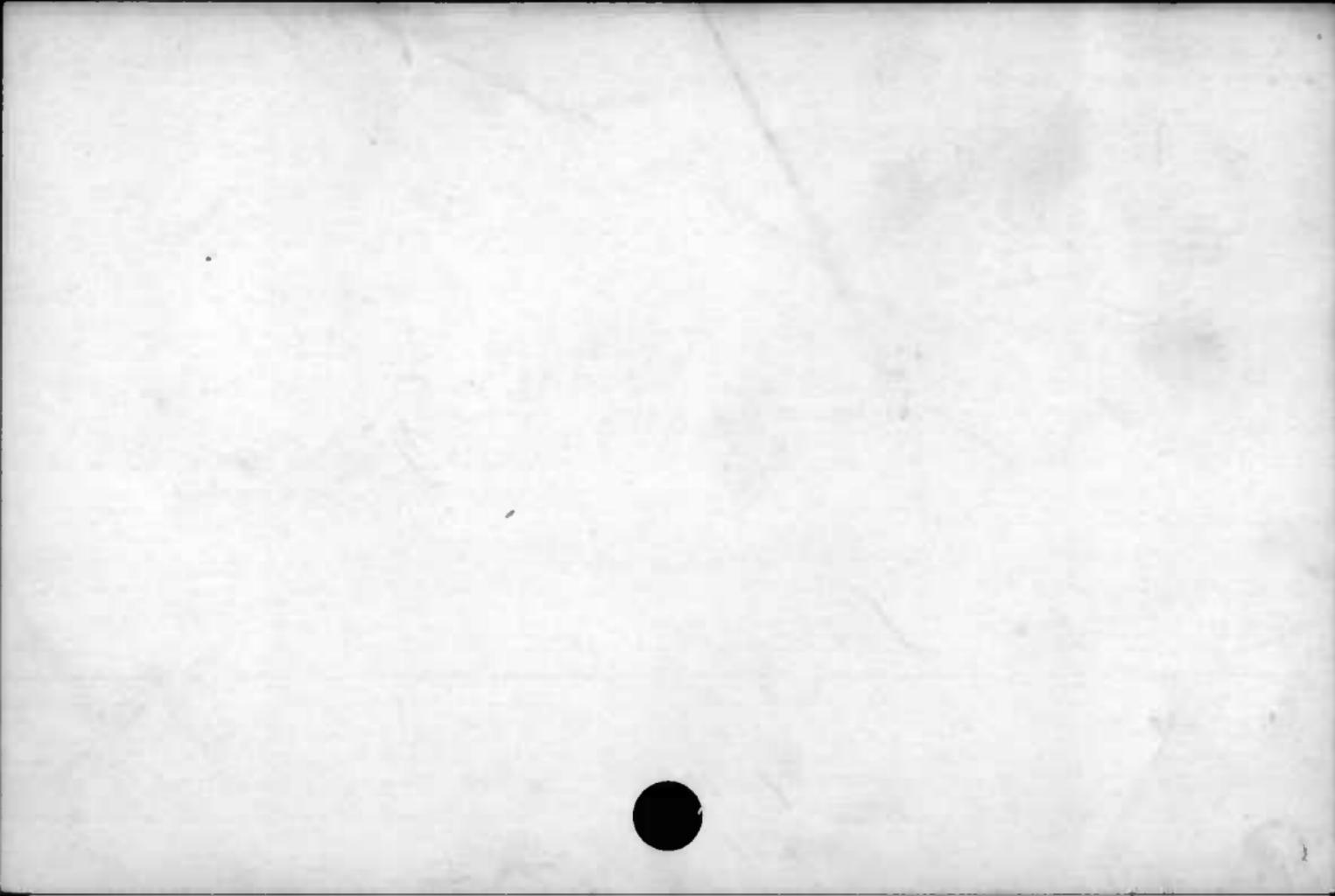
yes

Signature of Physician

Address

Clarendon M.R.  
Hyattsville Md.

Accident or Suicide?



Name  
in  
Full

James Douglas Douglas

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County				
Died at Clinton	D.Y.				
Date of death 1903 March	Month	Day	Years	Months	Days
Sex Male	Color or Race	Blach		Birth-place	Hed
Married, Single <u>or Widowed</u>	Occupation				
Name of Wife or Husband					
Father's Name	Law, Douglas		Father's Birthplace	Hed	
Mother's Maiden Name			Mother's Birthplace	Hed	
Name of person giving Information	Fanny Douglas		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Lee Griffe

How long

3 weeks

Immediate

Asphyxia

How long

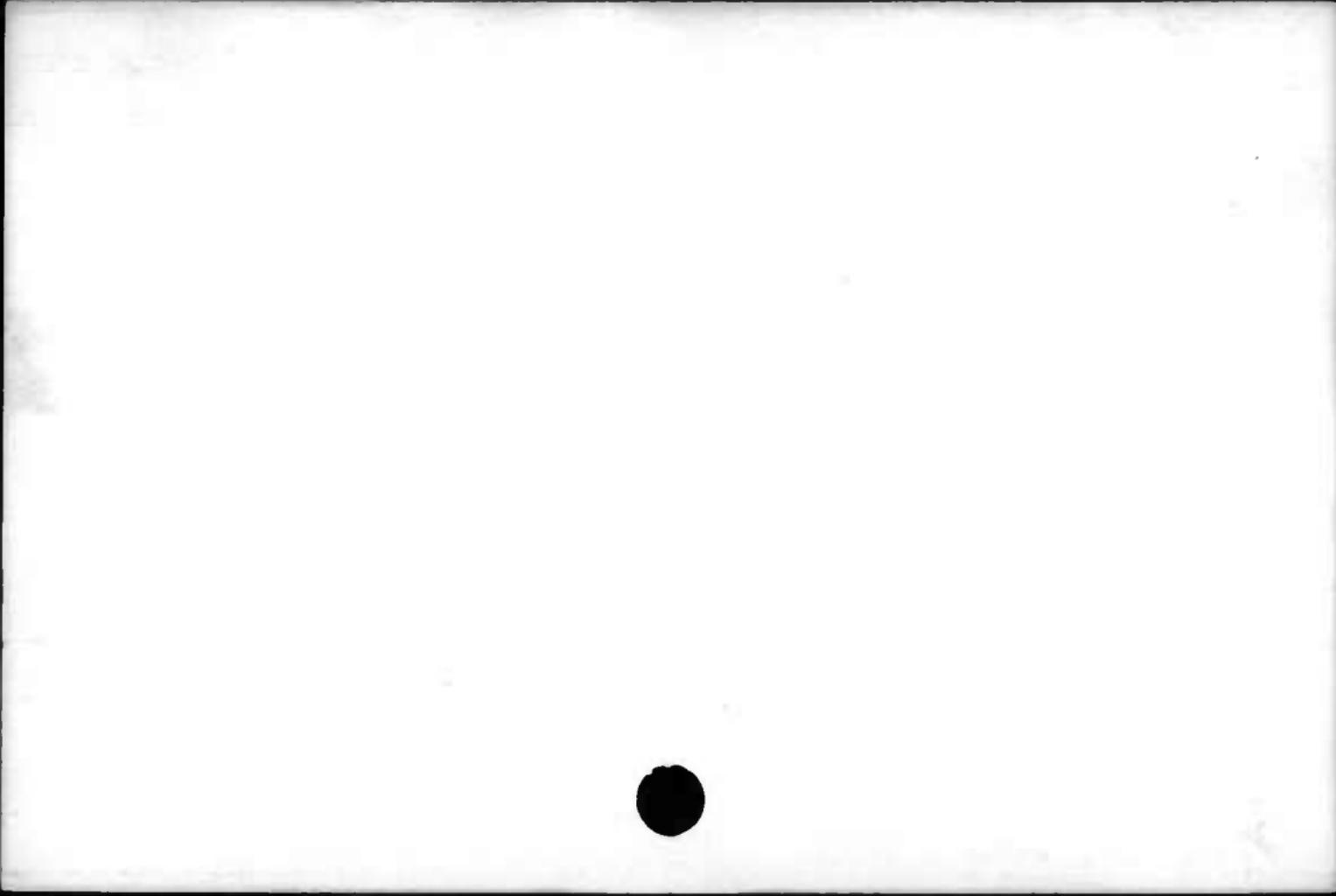
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. F. Bealings  
Clinton

Accident or Suicide?



Name  
in  
Full

Susanne Fowler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Nottingham</u> Town <u>P.L.</u> County				MARYLAND		
Date of death <u>1903</u>	Month <u>March</u>	Day <u>21</u>	Age <u>83</u> Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Primer Geo Co</u>				
Married, Single or Widowed <u>Widowed</u>	Occupation <u>Housewife</u>					
Name of wife or Husband						
Father's Name <u>Francis Coffey</u>	Father's Birthplace <u>Pa Geo Co</u>					
Mother's Maiden Name <u>Amelia Brightwood</u>	Mother's Birthplace <u>Pa Geo Co</u>					
Name of person giving Information <u>M.J. Goldstein</u>	How related to deceased <u>None</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Bright's Disease

How long

Several years

Immediate

Exhaustion

How long

Short time

Are the name, age, sex, color, date and place correctly given above?

Yes

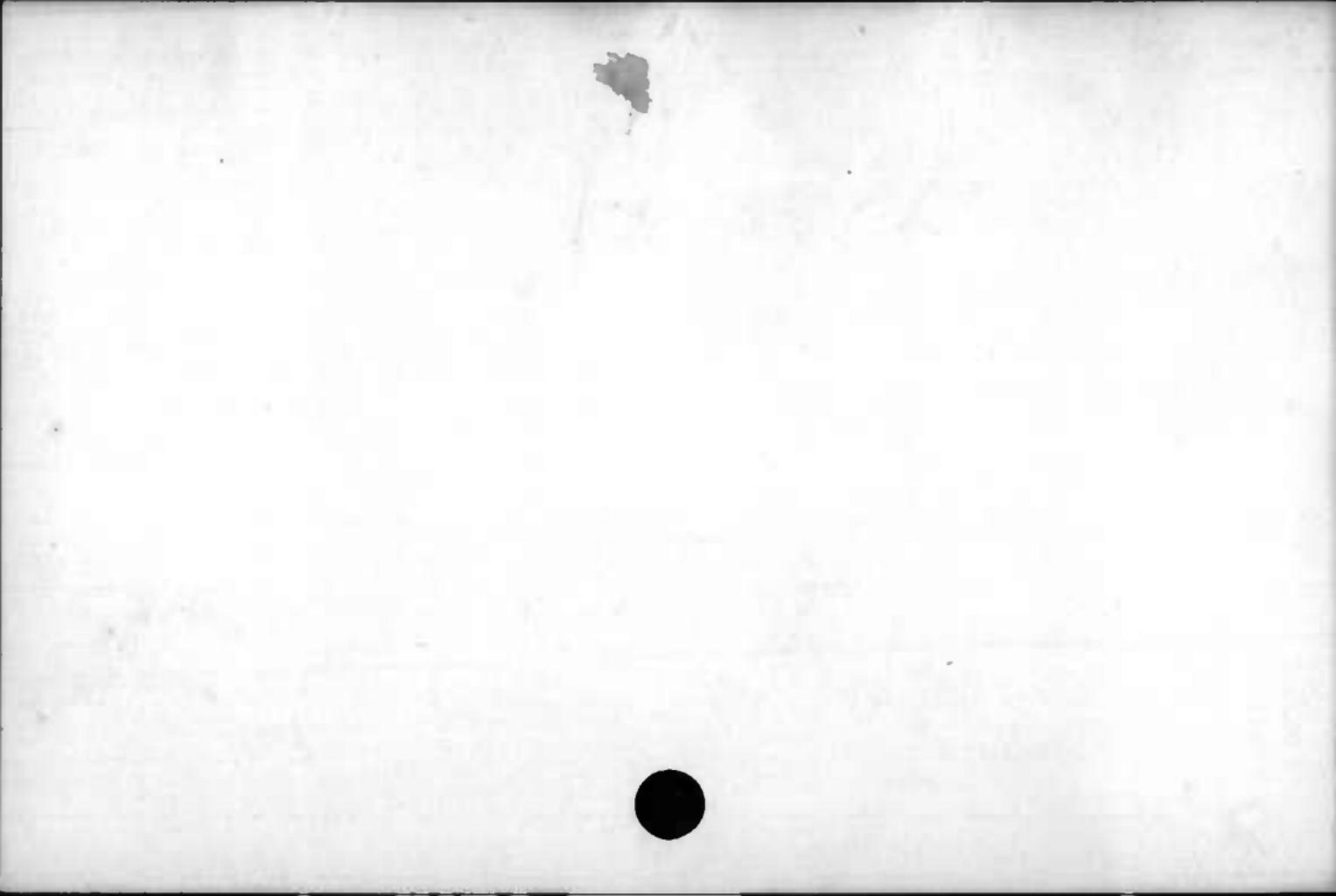
Signature of Physician

W.H. Gibbons

Address

Cream Md

Accident or Suicide?



Name  
in  
Full

Wm. H. Freeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Widowed	Occupation	Germany			
Name of Wife or Husband	Deceased				
Father's Name	" Germany				
Mother's Maiden Name	" "				
Name of person giving Information	Wm. L. Freeman				

PHYSICIAN  
OR CORONER

8

Primary

Cholitis  
Sippie

123

8 months

Immediate

Are the name, age, sex, color or date  
and place correctly given above?

yes

Signature  
Physician

Address

Dr. Richardson  
Hyattsville Md.

Accident or Suicide?

Carrols Chapel

Montgomery County  
Md.

Name  
in  
Full

Joseph Gittings

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1903	Month Mar.	Day 14	Years 76	Months	Days
Sex	Male	Color or Race	white	Birth-place	Md.	
Married, Single or Widowed	Widower		Occupation	Farmer		
Name of Wife or Husband	Dora					
Father's Name						
Mother's Maiden Name						
Name of person giving information	Samuel Gittings Son.					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sensility

How long

1m 10d

Immediate

Hemiplegia

18+

How long

1m

Are the name, age, sex, color, date and place correctly given above?

Yes

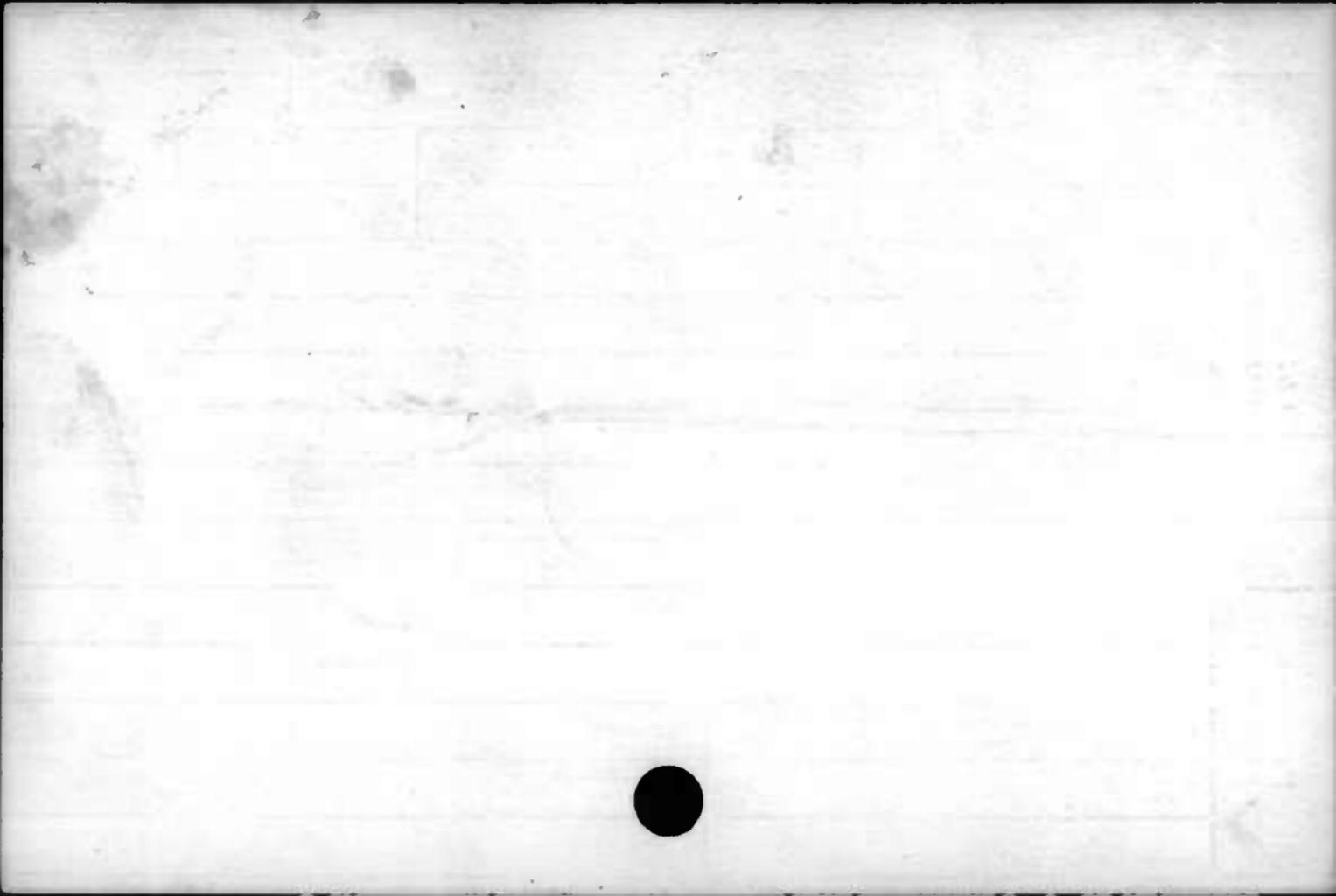
Signature of Physician

V L Perry

Address

Hyattsville Md.

Accident or Suicide?



Name  
in  
Full

Edwors Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Laurel		Town		County Prince Geo		MARYLAND		
Date of death 1903	Month March	Day 13	Age —	Years —	Months 9	Days 15-		
Sex boy	Color or Race black	Birth place Laurel Md						
Married, Single or Widowed —	Occupation							
Name of Wife or Husband								
Father's Name James Hall				Father's Birthplace Quakemg. A.				
Mother's Maiden Name Daisy Mathews				Mother's Birthplace Laurel Md.				
Name of person giving Information Moses Mathews				How related to deceased Uncle.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Onyummia	93	How long 6 days
Immediate	Haemia		How long
Are the name, age, sex, color, date and place correctly given above?		Y	Signature of Physician Address
Accident or Suicide?		—	



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

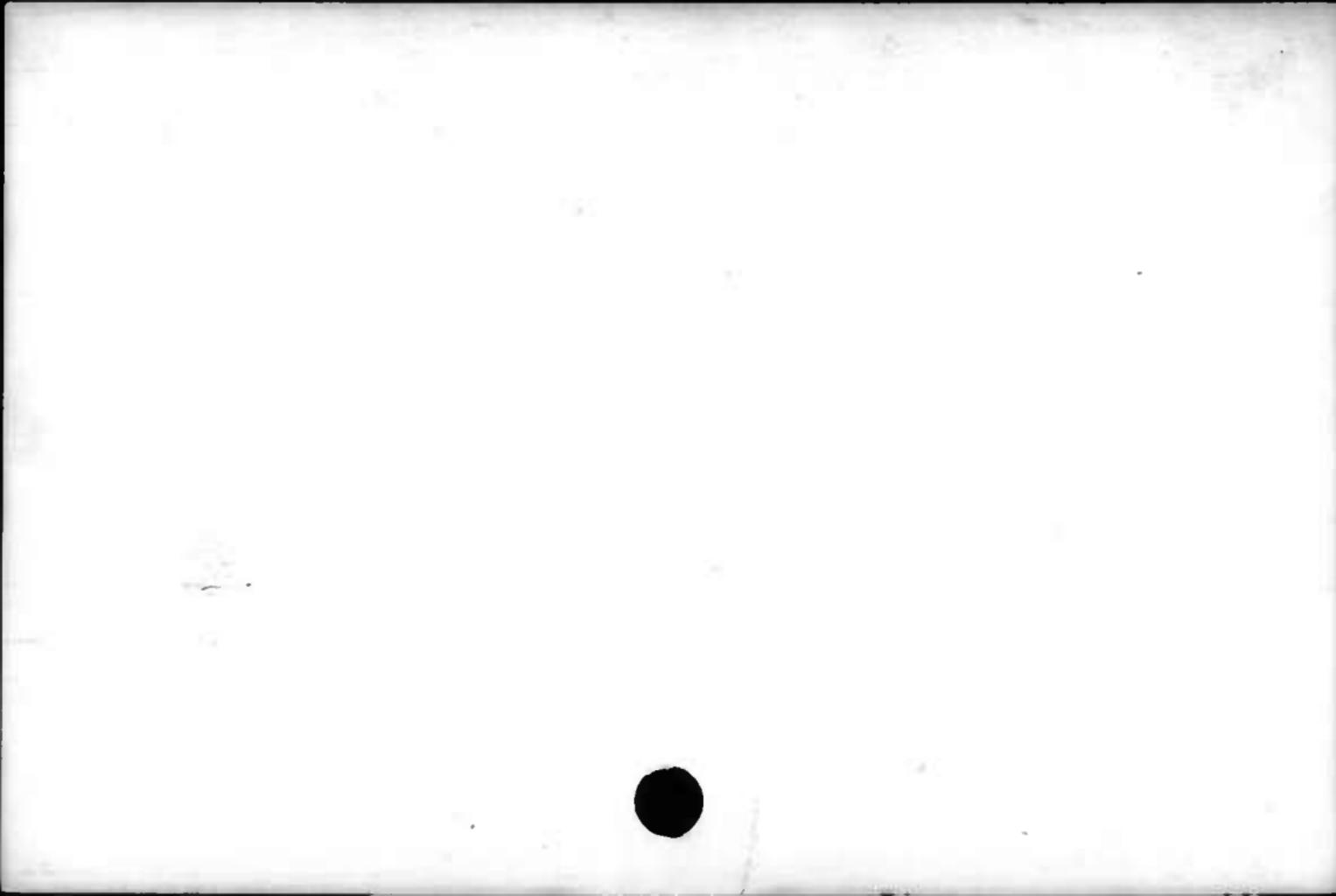
Died at <u>Camp Africay</u>		Town	P.G.		County	MARYLAND	
Date of death 1903	Month March	Day 15	Age 1	Years	Months	Days	
Sex Female	Color or Race	white		Birth-place	bed		
Married, Single or Widowed		Occupation		house			
Name of Wife or Husband							
Father's Name	Hulelissimo		bed				
Mother's Maiden Name	Dag		bed				
Name of person giving information	J. L. Keaury		How related to deceased			house	
CAUSES OF DEATH							
Primary	Dysentery 93		How long			5 days	
Immediate	Congestive brain		How long				

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

William Anthony Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westphalia</u>		Town	County <u>Prince George</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>Mar</u>	Day <u>20</u>	Years	Months <u>3</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>md</u>				
Married, Single or Widowed <u>single</u>	Occupation <u> </u>					
Name of Wife or Husband <u> </u>						
Father's Name <u>George Jackson</u>	Father's Birthplace <u>md</u>					
Mother's Maiden Name <u>Nancy Butler</u>	Mother's Birthplace <u>md</u>					
Name of person giving information <u>George Jackson</u>	How related to deceased <u>Father</u>					
CAUSES OF DEATH						
Primary	<u>Congenital weakness</u>					
Immediate	<u>Engorgement of the lungs</u>					
How long <u>from birth</u>						
How long <u>1 week</u>						

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

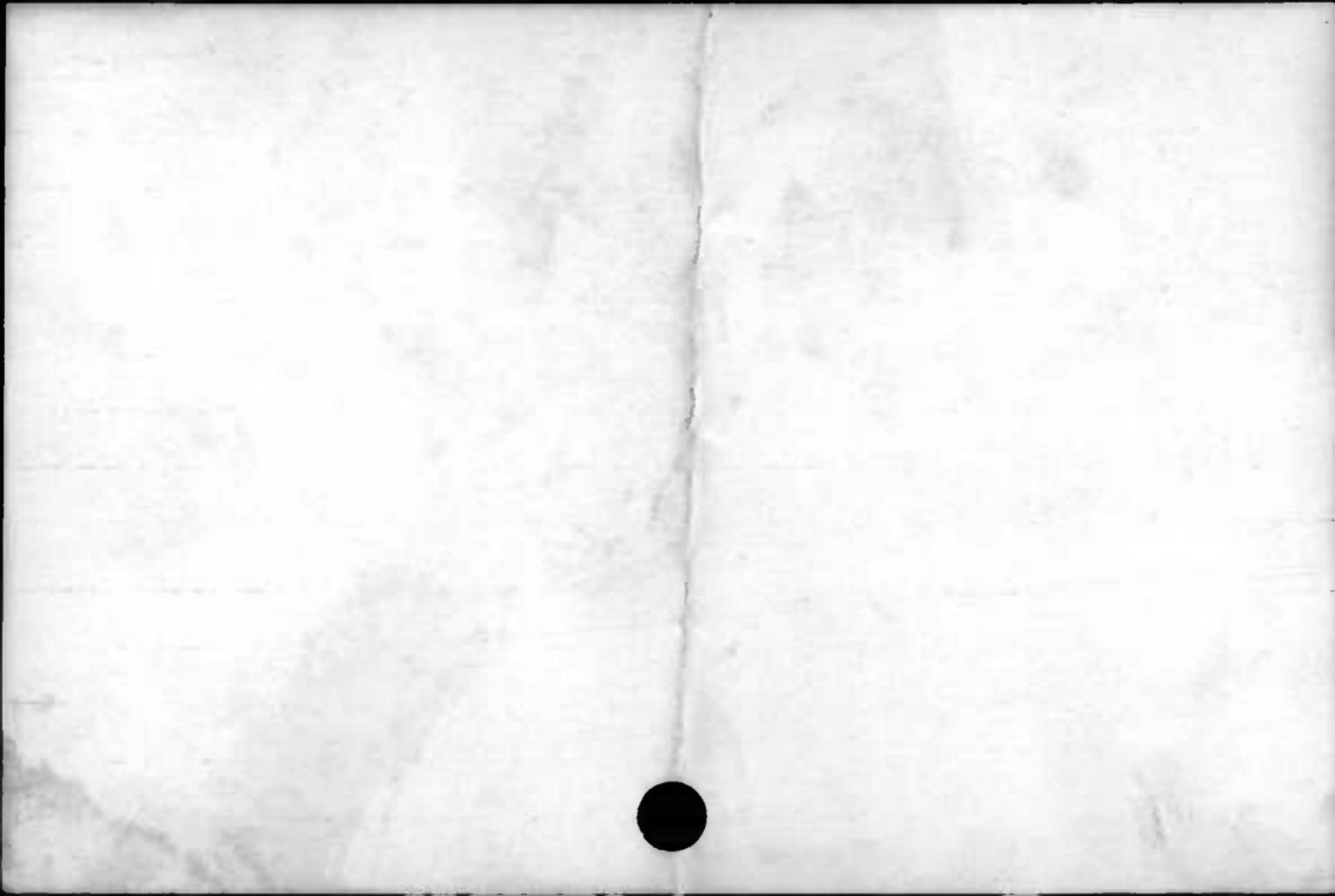
Signature of Physician

Address

John E. Samsbury  
Dorsetville Md

8

Accident or Suicide?



Augustus Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Mitchellville	Prince George					
Date of death 1903	Month Mar	Day 4	Years 22	Age	Months 9	Days 4	
Sex	Male	Color or Race	Colored	Birth-place	Maryland		
Married, Single or Widowed	Single		Occupation	Farm labourer			
Name of Wife or Husband							
Father's Name	William Fletcher			Father's Birthplace	Maryland		
Mother's Maiden Name	Caroline Johnson			Mother's Birthplace	" "		
Name of person giving information	Richard Williams			How related to deceased	None		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pericarditis

How long

Four years.

Immediate

Dropsy

77

How long

One month.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

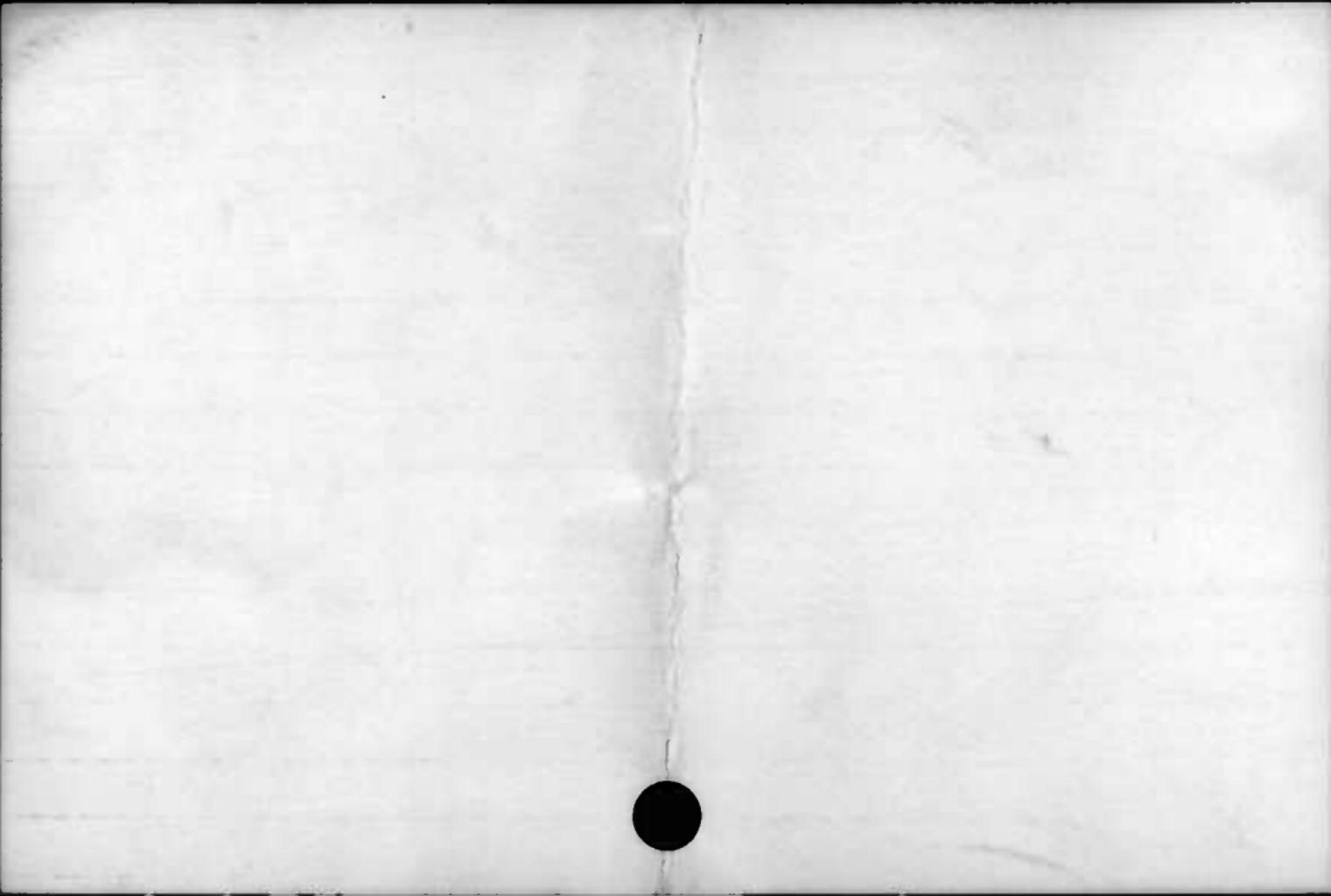
Abbott R Walker, M.D.

Address

Mitchellville, Md.

J

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Charles Johnson

Died at Crown Md

Prince Geo Co

MARYLAND

Date of death 1903 Month Mar Day 6 Years 2 Months 6 Days

Sex Male

Color or Race Colored

Birthplace Prince Geo Co

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

Charles Johnson

Father's  
Birthplace

Prince Geo Co

Mother's  
Maiden Name

Rebecca Young

Mother's  
Birthplace

Prince Geo Co

Name of person giving  
Information

Jane Johnson

How related  
to deceased

Grandmother

CAUSES OF DEATH

Primary

Consumption

How long

2 years

Immediate

27

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

M H Gibbons

Crown Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

g



Name  
in  
Full

Elsie Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Northkeys		Town	Pr Geo		County	MARYLAND	
Date of death 1903	Month	Day	Age	Years 35	Months	Days	
Sex Female	Color or Race	Colored		Birth-place Pr Geo Co			
Married, Single or Widowed	Occupation	Married Housewife					
Name of Wife or Husband	John R Johnson						
Father's Name	Miley Butler		Father's Birthplace Chas Co				
Mother's Maiden Name	Bettie Butler		Mother's Birthplace , "				
Name of person giving Information	Benjamin Johnson		How related to deceased Brother in law				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pulmonary Phthisis 27 How long 2 years

Immediate Exhaustion 27 How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

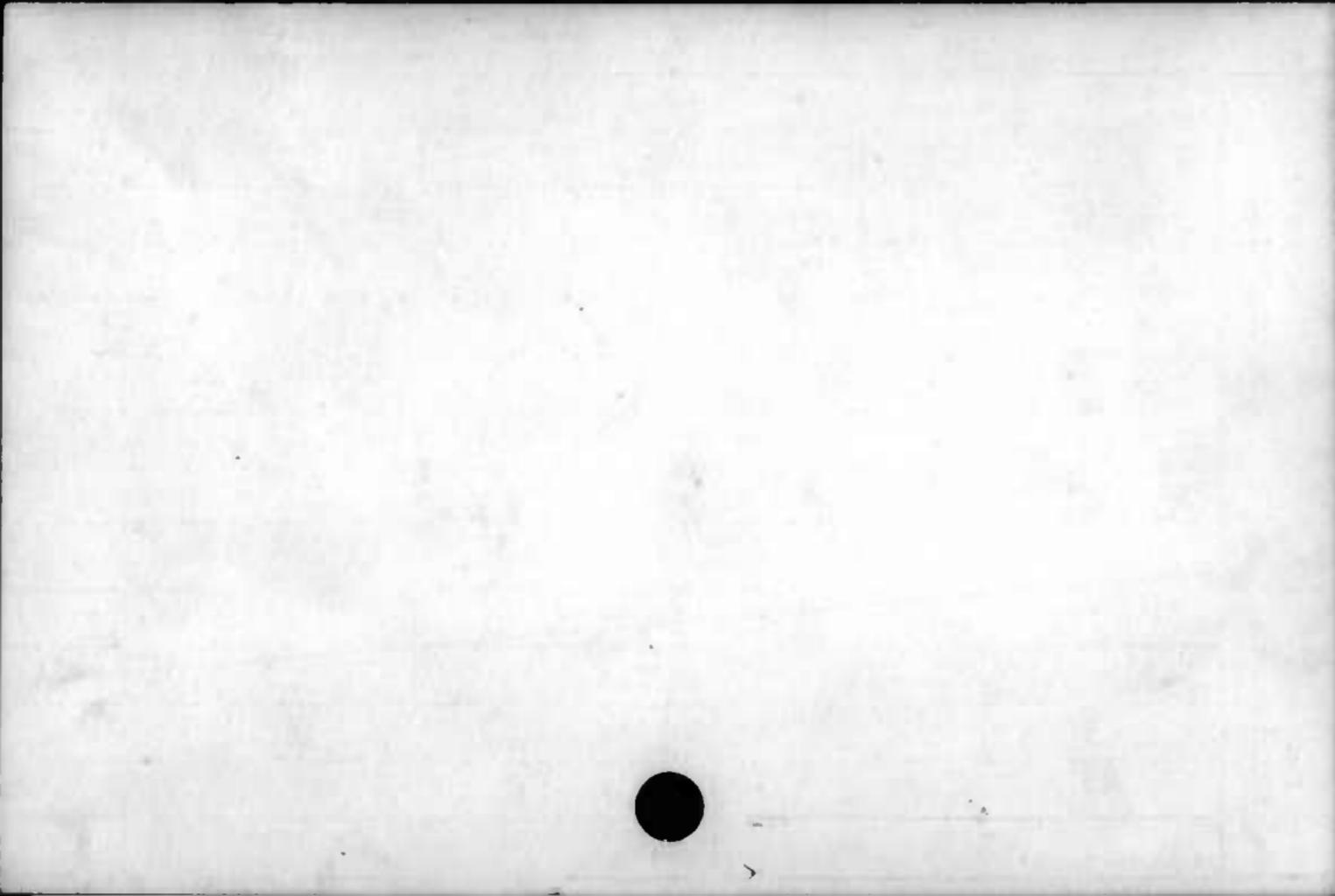
W. H. Gibbons M.D.

Address

Lawson

Ind

9  
Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Margaret Ruby Macdonald

CERTIFICATE OF DEATH

Town

County

Died at

Glenelde

Prince George

MARYLAND

Date  
of death 1903

Month

Day

Years

Months

Days

Age

61

Sex Female

Color or  
Race

White

Birth-  
place

England

Married, Single  
or Widowed

Occupation

Housewife

Name of Wife or  
Husband

Married

George Macdonald M.D.

Father's  
Name

Daniel Rielly

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Sarah Eleanor Bourne

Mother's  
Birthplace

England

Name of person giving  
Information

Teag Macdonald M.D.

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Uterine Polyps

How long

2 years

Immediate

Comas

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. M. Donald M.D.  
Springfield Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Eliza Marshall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	Q.S.	County	MARYLAND	
Date of death	1903	Month	May	Day	Years	Months
Sex	Female	Color or Race	Black	Occupation	P.H.C. 842	
Married, Single or Widowed	Married		None			
Name of Wife or Husband	George Marshall					
Father's Name	James Green		Father's Birthplace	—		
Mother's Maiden Name			Mother's Birthplace	—		
Name of person giving information	Geo Marshall		How related to deceased	Husband		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis 27

How long

don't know

How long

Immediate

Atheastor Sawyer but we

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

L.A. Griffith -  
Upper Marlboro

Md

Accident or Suicide?



# Samuel Matthews

Town County MARYLAND  
Died at Prince George's

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1963	Mar	25	1	9		Md	man
Male	White					Widow	Divorced
Female	Colored					Widower	Number of children living

Husband of		Mother's Name	
Wife		Amelle Matthews	
Father's Name	Samuel G. Matthews		
Cause of Death	Primary: Bronch-pneumonia	How long sick	Worse
	Immediate: exhaustion		
Reported by	W.F. Taylor	Accident, Suicide, Homicide	

Reported by

W.F. Taylor  
Laurel 2nd

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Florence G. Painter

Town

County

Died at Addison Chapel

P. S. S.

MARYLAND

Date 1903 Mar. 8

Y. M. D.

Native of

Month Day

Age 32

Widow

Occupation

Date 1903

Married

Divorced

Female

Single

Widower

Number of children living

2

Husband of

C. F. Painter

Wife

Father's

Name

Robert Campbell

Mother's

Name

Cause of

Primary

Influenza

Campbell

How long sick

4 weeks

Death

Immediate

Acute Tuberculosis

Accident, Suicide, Homicide

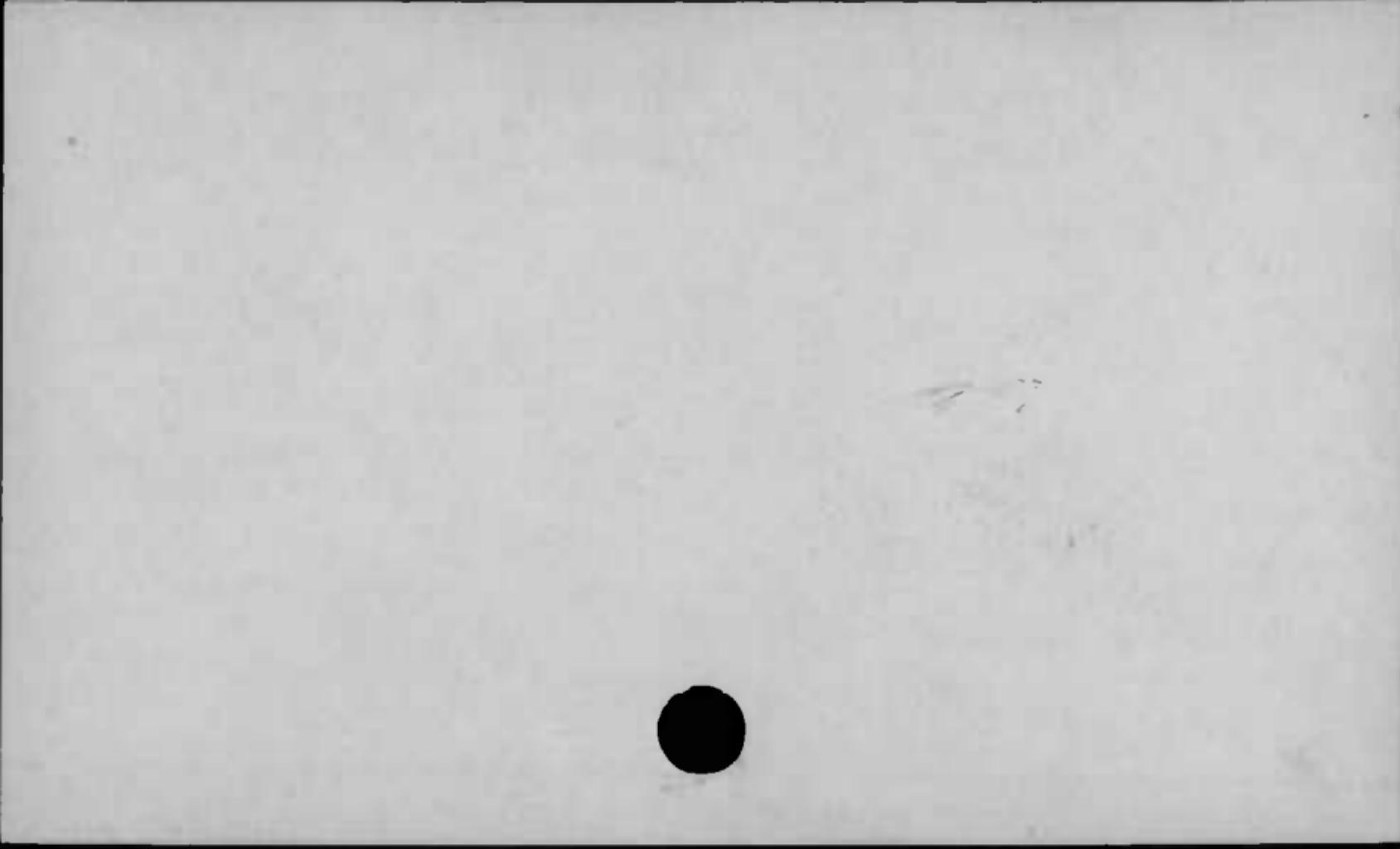
Reported by

L. S. Savage

Address

Baltimore, D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Marchia E Petty

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at  
Marlboro

Town  
Pr. Geo

County  
Maryland

Date  
of death 1903 Month 3 Day 1 Age 11 Years Months Days

Sex Female

Color or  
Race

Black

Birth-  
place

Pr. Geo. Co. Md

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

Stephen Petty

Father's  
Birthplace

Pr. Geo. Co

Mother's  
Maiden Name

Gelcher

Mother's  
Birthplace

Pr. Geo. Co

Name of person giving  
Information

Stephen Petty

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Measles

How long

10th

Immediate

Don't know, dying when I saw it.

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

L. A. Griffeth

Address

Upper Marlboro  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Adelie Powers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month	Day	Years	Age	Months	Days
Sex Female	Color or Race		Occupation		Birth-place	
Married, Single or Widowed			House maid			
Name of Wife or Husband						
Father's Name	William Powers				Father's Birthplace Virginia	
Mother's Maiden Name	Beatrice Stark				Mother's Birthplace Prince George Isd.	
Name of person giving information	Granville Powers				How related to deceased Uncle	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

one year

Immediate

Septicemia

How long

two days

Are the name, age, sex, color, date and place correctly given above?

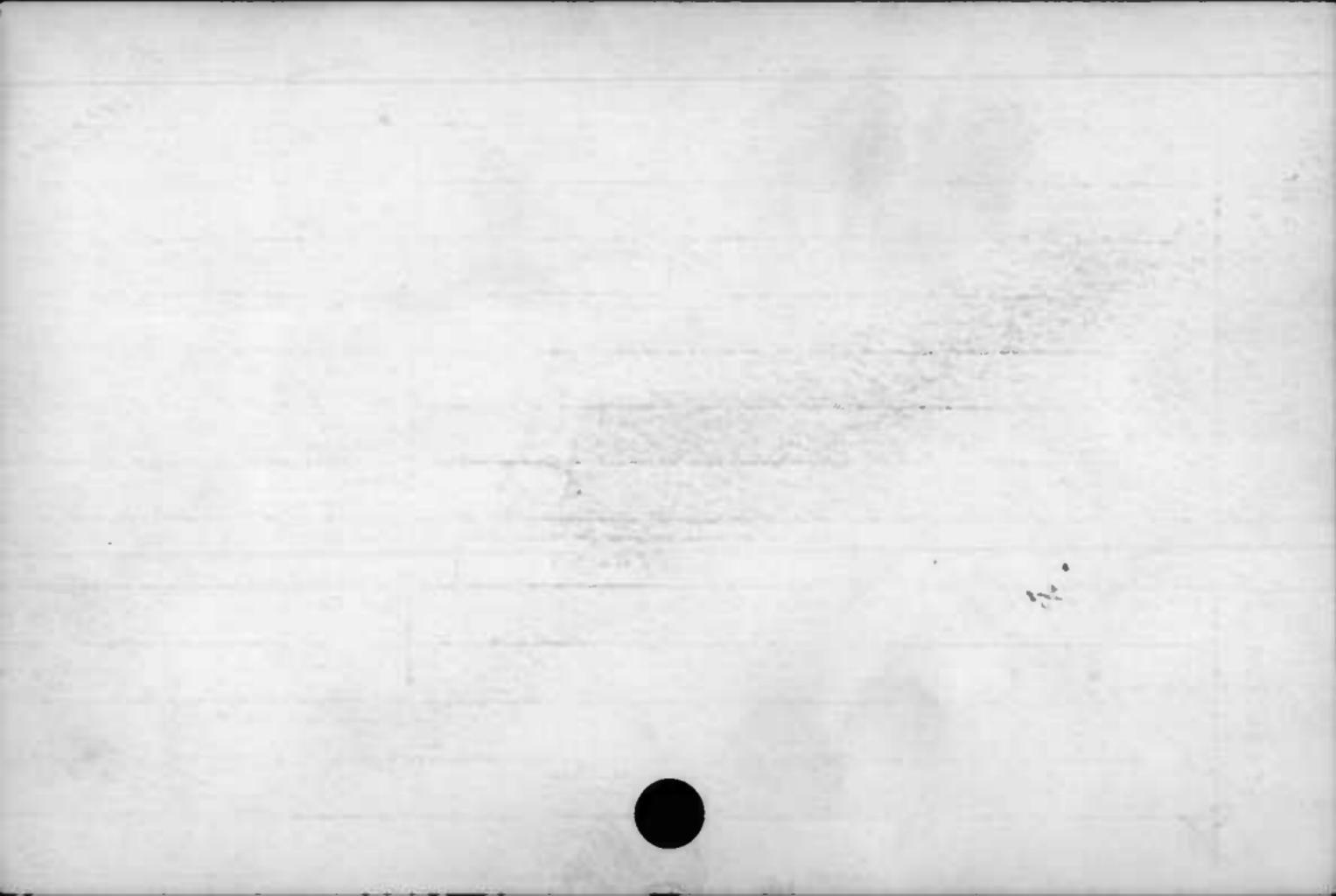
Signature of Physician

Address

A. H. Curran M.D.

Springfield Md.

Accident or Suicide?



Name  
in  
Full

Joseph Randall

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
of death 1903	Month	Day	Years	Months	Days	
Sex	Color or Race	Age 18		Annearundle Co.		
Married, Single or Widowed	Occupation		Laborer.			
Name of Wife or Husband	Single			Henry		
Father's Name	Henry Randall			Father's Birthplace	Calvert, Co.	
Mother's Maiden Name	Isabella Hawkins			Mother's Birthplace	Fork Calvert	
Name of person giving Information	Henry Randall			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cystic liver

How long

4 weeks

Immediate

Peritonitis & Arthritis

How long

3 years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. D. Richardson  
Brentwood, Md.

Accident or Suicide?

45.00  
7.00 ~~W~~ cases  
10.00 Embroidering  
6.00 Thread  

---

\$ 68.00

2 2 2 2

Machine Thread

2.00

Name  
in  
Full

Williaue S Ryon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

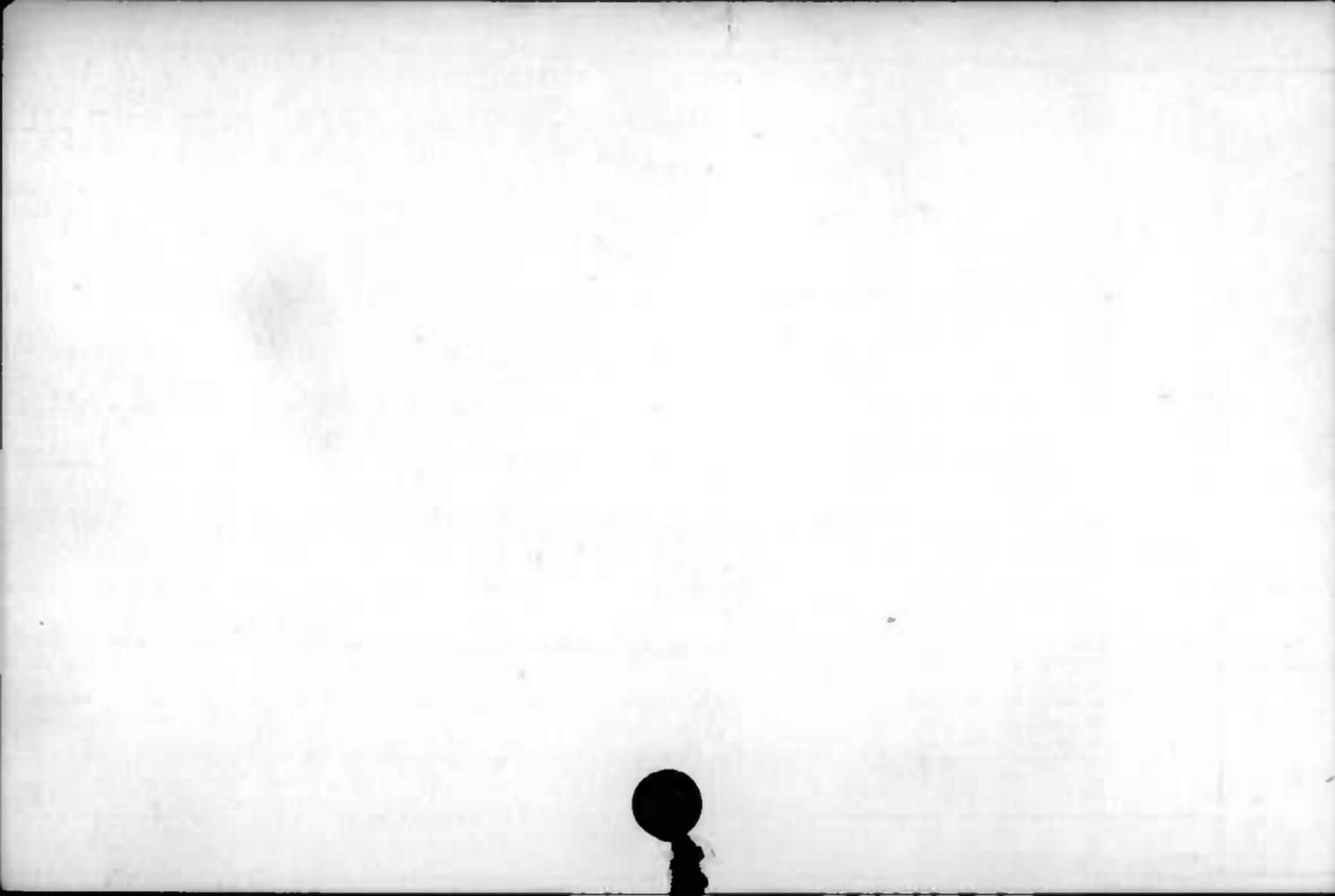
Died at	Town	Pr Georges	County	MARYLAND	
Date of death 1903	Month March	Day 17	Years 64	Months	Days
Sex Male	Color or Race white		Birth-place Croon md		
Married, Single or Widowed	Occupation	Married Christiana Ryon			
Name of Wife or Husband					
Father's Name	Nelson Ryon				Father's Birthplace Prince Georges
Mother's Maiden Name	Maypha Ryon				Mother's Birthplace " " "
Name of person giving Information	A. P. Ryon				How related to deceased Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cardiac Dilatation & failure	How long	one year
Immediate		How long	two minutes
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. P. Gibbons
		Address	Croon md

Accident or Suicide?



Name  
in  
Full

Silvia Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>East Lodi</u>		Town	County <u>Prince George</u>		MARYLAND	
Date of death 1903	Month <u>3</u>	Day <u>2</u>	Years <u>72</u>	Age	Months <u>11</u>	Days <u>29</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Occupation <u>House-wife</u>		Birth- place <u>Alexandria, Va.</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>William H. Simmons</u>			Father's Name		
Father's Name			Mother's Name			Father's Birthplace
Mother's Maiden Name			Name of person giving Information			Mother's Birthplace
Name of person giving Information <u>William H. Simmons</u>			How related to deceased			Spouse

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	23	How long <u>3 mths.</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Sturt, M.D.</u>	Address <u>First Street - Md.</u>
Accident or Suicide?		





Lewellyn Skinner

Town

County

MARYLAND

Died near Aquasco

Prince Geo.

Month

Day

Y.

M.

D.

March 15

Age 22

Native of

Occupation

Date 1903

Maryland

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 1

Husband of

Minnie Skinner

Father's Name

James Skinner Mother's  
Appolonia Jones

Maiden Name

Cause of Death

Primary

neglected cold and

How long sick

13 days

Immediate

Kidney trouble

uremia, convulsions;

die Comatose.

Accident, Suicide, Homicide

Reported by

Wm. A. Marbury M.D.

Address

Aquasco, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Martha Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Friendly		Town Pr. Ger		County		MARYLAND	
Date of death 1903	Month 3	Day 12	Age 25	Years 25	Months	Days	
Sex Female	Color or Race Colored	Occupation Housewife		Birth- place Upper Marlboro Md			
Married, Single or Widowed Married	Name of Wife or Husband George Smith						
Father's Name Thos. Ford			Father's Birthplace Md				
Mother's Maiden Name Sophia Counter			Mother's Birthplace Md				
Name of person giving Information James Smith			How related to deceased brother-in-law				

CAUSES OF DEATH

Primary Pulmonary Tuberculosis <sup>or</sup>   
asthme How long 5 months  
Immediate asthme How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

John A. Corr M.D.  
J.B.

Accident or Suicide?



Eugene Raymond Suit

Town

County

Died at Branchville James George

MARYLAND

Date 189	Month 1903	Day March 30	Age —	Y. 8	M. 8	D. —	Native of Branchville	Occupation none
Male	White		Married	Widow			Divorced	
Female	Colored		Single	Widower			Number of children living	

Husband of

Wife

Father's

Name

Eugene B. Suit

Mother's Name

Ida B. Norfolk

Cause of

Primary

Demy &amp; ill known at Birth

How long sick

Death

Immediate

Cholera Infantum

all its life

Accident, Suicide, Homicide

Reported by

W.D. Evergeed M.D.

Address

College Park

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Sweeney				CERTIFICATE OF DEATH		
Died at Melwood		Town		County		MARYLAND
Date of death 1903	Month 3	Day 1	Age	Years	Months	Days
Sex Male	Color or Race		Vehicle		Birth-place Melwood	
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	Richard Sweeney				Father's Birthplace Dr. Leo C	
Mother's Maiden Name	J. Kidwell				Mother's Birthplace Dr. Geo. C	
Name of person giving Information	Ellie Sweeney				How related to deceased Worker	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Valvular heart disease

How long

One month

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Griffith  
Upper Marlboro  
Md

Accident or Suicide?



Name  
in  
Full

Paul J Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

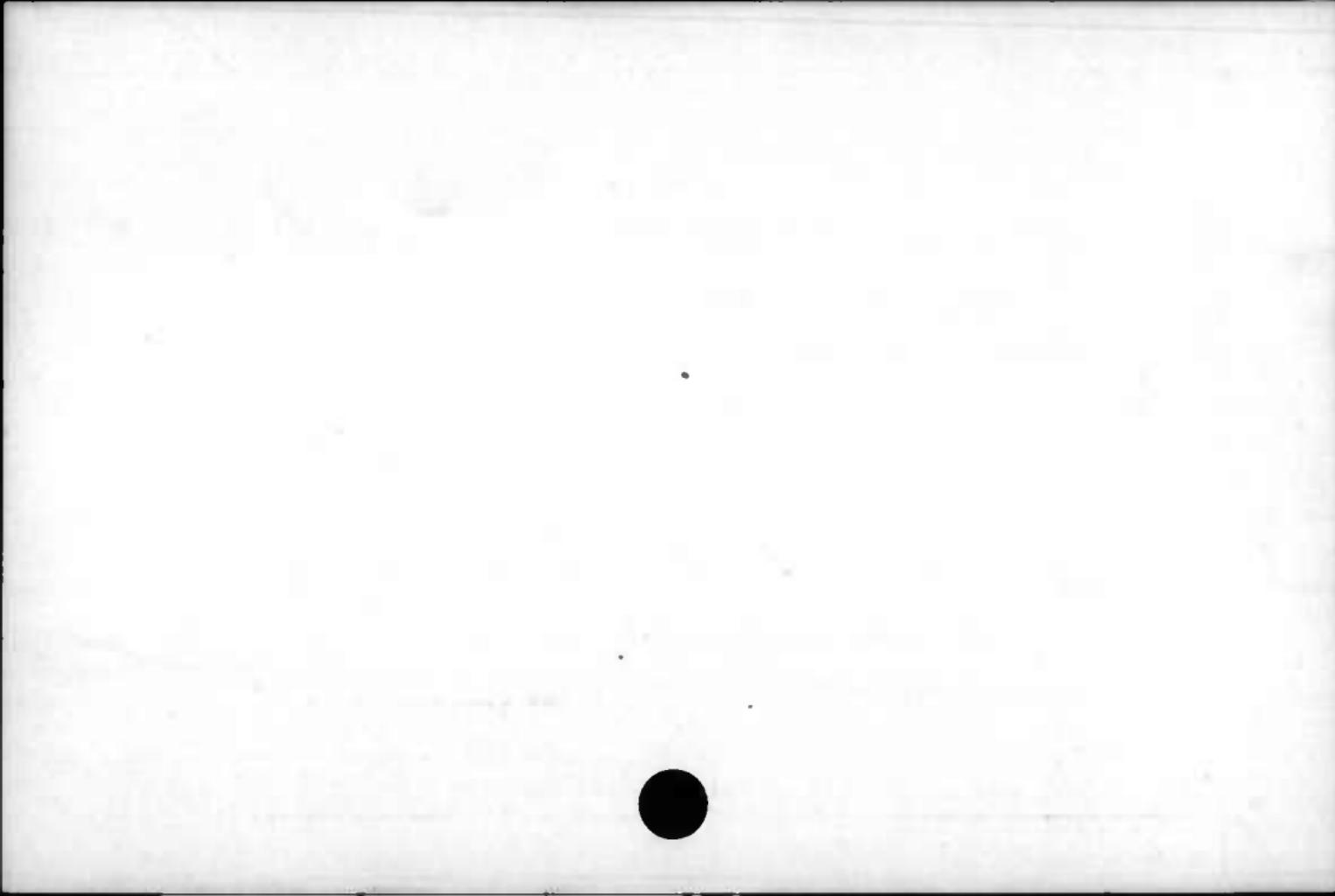
Died at		Town	County		MARYLAND		
Date of death 1903	Month March	Day 29	Age 1	Years	Months 6	Days	
Sex Male	Color or Race colored	Birth-place		Prince George's Co Md			
Married, Single or Widowed Single	Occupation						
Name of Wife or Husband							
Father's Name James Thomas	93		Father's Birthplace Maryland				
Mother's Maiden Name Elizabeth Thomas			Mother's Birthplace Maryland				
Name of person giving information Elizabeth Thomas			How related to deceased mother				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	One week	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Sign J M Darrell		
		Address	Springfield		
Accident or Suicide?					





Home Thorp.

Town

County

Died at

Columbia Park

MARYLAND

Month

Day

Y.

M.

D.

P. George

Date

903

Mar. 26

Age

49.

Native of

Va.

Occupation

Child

Male

White

Married

Widow

Divorced

Female

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Decasuk.

Mother's Name

Mary Jones.

Cause of Death

Primary

Broncho-pneumonia

How long sick

Immediate

Exhaustion.

3 weeks

Accident, Suicide, Homicide

Reported by

L. S. Savage M.D.

Binnings D.C.

Address

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

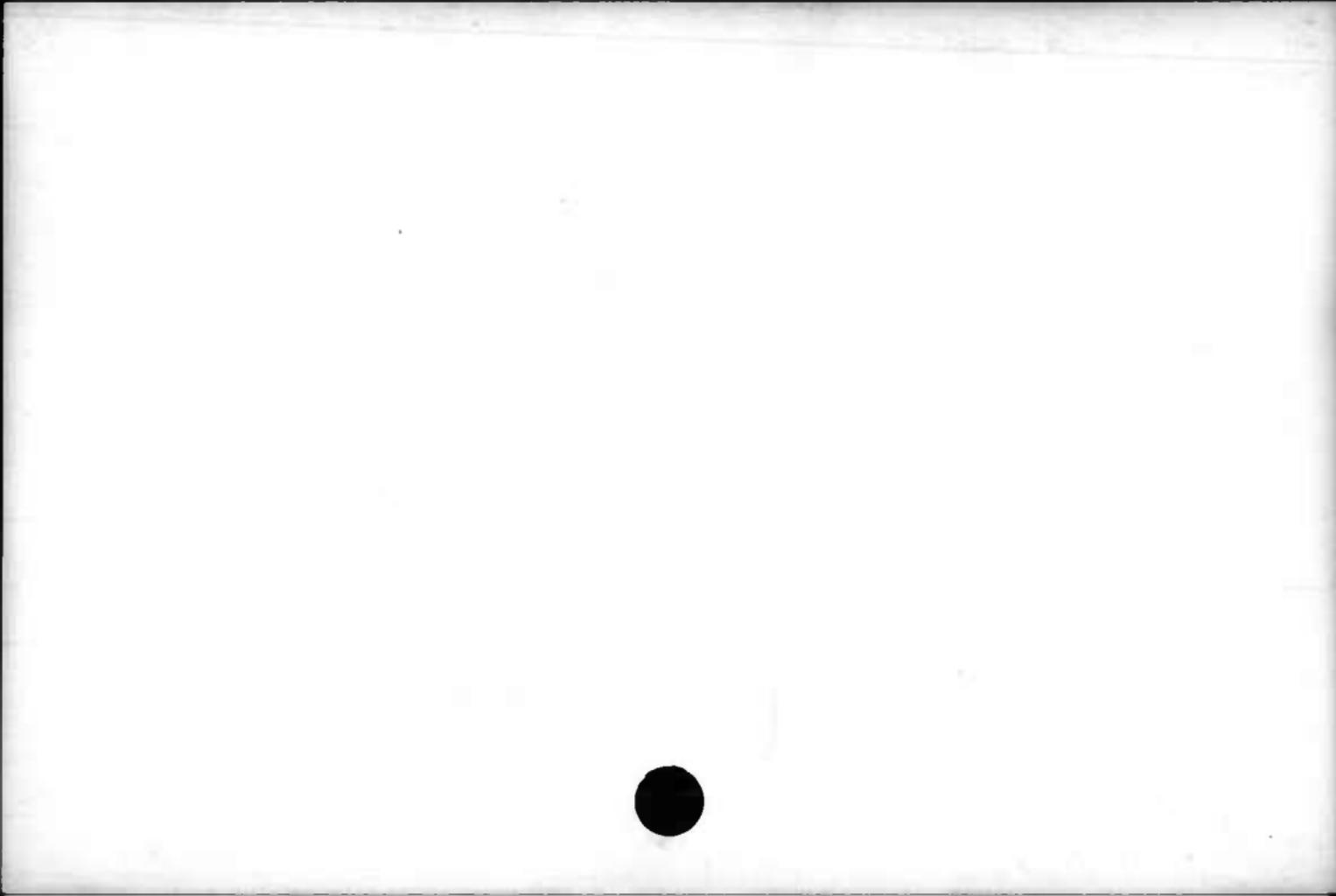
Died at		Town	County		MARYLAND	
Date of death	1903	Month March	Day 23	Years 64	Months	Days
Sex	Female	Color or Race	white		Birth-place	bed
Married, Single or Widowed		Occupation				
Name of Wife or Husband		William Lippert				
Father's Name		Unknown				
Mother's Maiden Name		114				
Name of person giving information		W. Lippert				
How related to deceased Husband						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	syphilis.	
Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. Mead
		Address
Accident or Suicide?		

8



Died at

Town

Brentwood

County

Prince George's

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

16 Mch

Age 64 10 10

Conn.

Housewife

Male

White

Married

Divorced

Female

Custodian

Single

Widower

Number of children living

four

Husband

of

David S. Waters

Wife

Father's

Name

Mother's

Maiden Name

Sarah Emma Snitton

Cause of

Primary

Disease of Heart

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

John F. Recanar M.D.

Address

Brentwood

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Irene Wells

Town

County

Died at

Mauriskia

Prince Geo.

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Md

Occupation

H. wome

Male

White

Age 17

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

One

Husband of

Wife

Ellis Wells

Father's

Name

Wm. Harris

Mother's

Name

Emma Harris

Cause of

Primary

Parturition

How long sick

Death

Immediate

Puerperal Eclampsia

Accident, Suicide, Homicide

Reported by

W. F. Taylor

138

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Maria Wilkes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County					
Died at Rosaryville	D.C.					
Date of death 190	Month March	Day 26	Years 90	Age	Months	Days
Sex Female	Color or Race Black	Occupation Housewife	Birth-place D.C. Colured			
Married, Single or Widowed						
Name of Wife or Husband	William Wilkes					
Father's Name	Unknown		Father's Birthplace	Ave		
Mother's Maiden Name	Unknown		Mother's Birthplace	Ave		
Name of person giving information	Lawrence Wilkes		How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Old age

How long

5 years

Immediate

Unknown

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

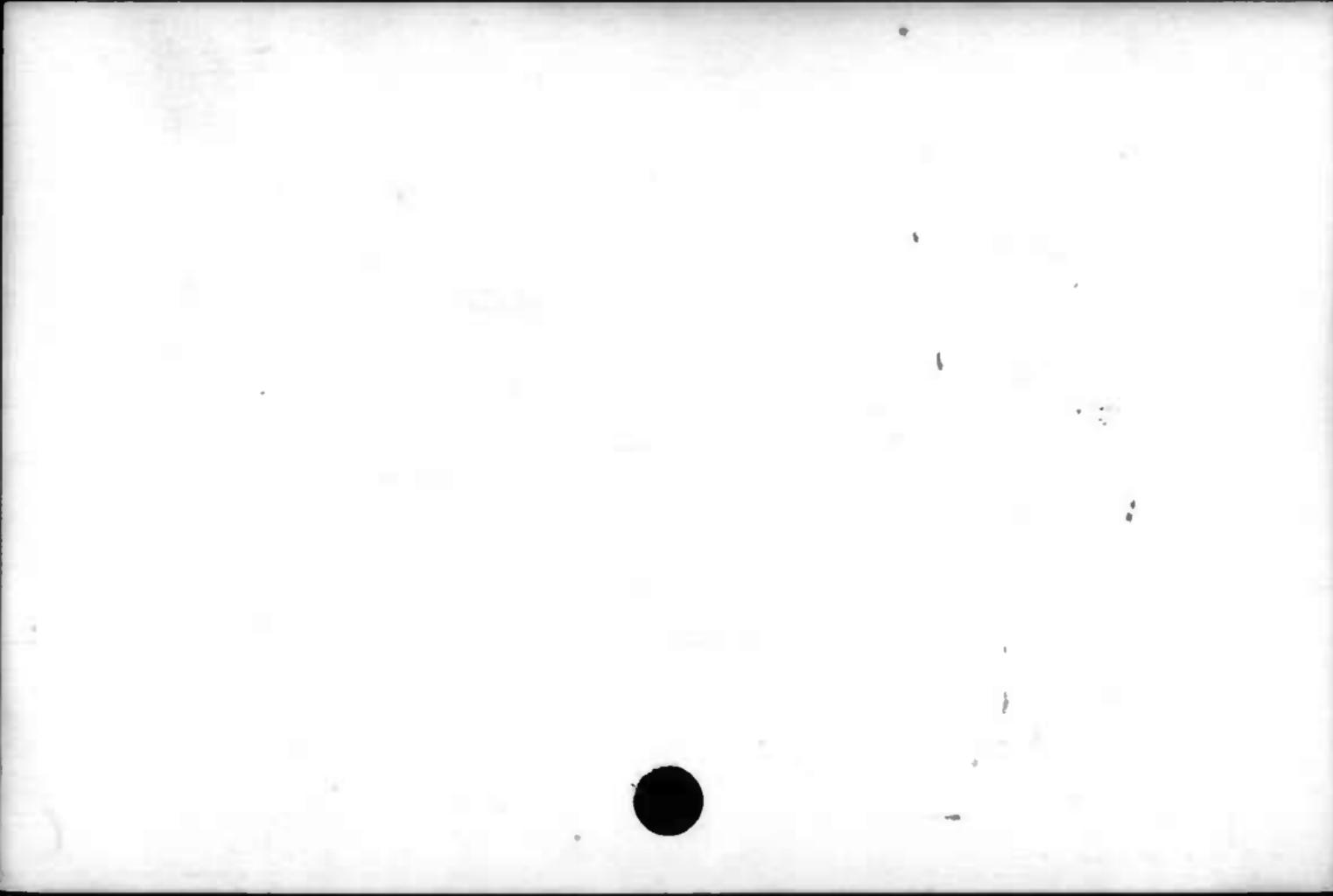
Signature of Physician

Address

John Liberry  
Clinic

Accident or Suicide?

8



Name in Full

Certificate of Death

Frank Woods

Town

Laurel

County

Baltimore

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

19 March 4

Age 43

—

U.S.

Laborer

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's  
Maiden Name

Aunie Woods

How long sick

3 mo

Accident, Suicide, Homicide

27

[Redacted]

J. R. Shantz  
Laurel, MD

[Redacted]



Still Born

Died at Mitchellville Town Prince George County MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	Mar	6	Age				
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of  
Wife

Father's Name	Mother's Maiden Name
---------------	----------------------

Cause of Death	Primary	How long sick
	Immediate	Accident, Suicide, Homicide

Reported by Mary Harrison Mid Wife

Address Mitchellville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

